PTO/SB/01 (10-05)

MET095-228681

Shlomo BEN-HAIM

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Number

DECLARATION FOR UTILITY OR

**DESIGN** 

Attorney Docket

First Named Inventor

PATENT APPLICATION			COMPLETE IF KNOWN						
(37 CFR 1.63)			Application Number	•					
Declaration Submitted OR	Declarat	ion F ed after Initial	Filing Date		Herewith				
With Initial	Filing (su	urcharge / F	Art Unit	Not Yet	Assigned				
Filing	required	( 1.16 (e)) I)	xaminer Name	Not Ye	et Assigned				
I hereby declare that:									
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.									
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
GASTROINTESTINAL			ATUS FOR US	SE IN TRE	ATING D	ISORDERS			
	···		· · · · · · · · · · · · · · · · · · ·		·				
the specification of which		(Title of the li	nvention)						
is attached hereto									
OR									
was filed on (MM/DD/Y)	YYY)	20 June 2004	as United States	s Application	Number or P	CT International			
Application Number PCT/IL2	2004/000550	and was amended	on (MM/DD/YYYY	) HER	REWITH	(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
	-		-1 444-bilibr	4-64 :-	. 27 CED 4	EG including for			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application									
and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one									
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign									
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application		Foreign Filing		riority	Certified (	Copy Attached?			
Number(s)	Country	(MM/DD/YYY	Y) Not	Claimed	YES	NO NO			
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Additional foreign app	L olication number	ers are listed on a su	pplemental priority	data sheet F	TO/SB/02B	attached hereto.			

[Page 1 of 2] [Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INV	ENTOR:	A petition has	been filed for this	unsigne	ed inventor		
Given Name (first and middle [if	any])		Family Name or	Surnam	e		
Shlomo	•		BEN-HAIM				
Inventor's Signature			<u></u>		Date		
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City	State	Zij	)	To	Country		
Caesarea	1	389		Isr	ael		
Additional inventors or a legal rep			nental sheet(s) PTO/SI	<del>-</del>			

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DECLARATION			Suppleme	ntal SI		Paq	e 1	of 1
Name of Additional Joint Inventor, if any	y:		A pe	tit <u>i</u> on h	as been filed for this un	signed	inventor	
Given Name (first and middle (if any))			Family Name or Surname					<del></del>
Shai	POLICKER							
Inventor's Signature			. <b>-t</b> .			Date		
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City		ate			Zip	Count	ry	
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Inventor's Signature						Date		
Haifa					Israel		Israel	
Residence: City	St	ate			Country		Citizens	hip
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City	St	ate			Zip	Count	iry	
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Given Name (first and middle (if any))			Family Name or Surname					
Ofer			GLASBERG					
Inventor's Signature						Date		
Haifa					Israel		Israel	
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Mailing Address					1	l		
Haifa City	s	ate		32447 Zip		Israel Country		
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Application Number	not yet assigned
Filing Date	herewith
First Named Inventor	Shlomo BEN-HAIM
Title	GASTROINTESTINAL METHODS
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095-228681

I hereby revoke all previous powers of attorney given in the above-identified application.									
I hereby appoint:									
Practitioners associated with the Customer Number: 54042									
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Practitioner(s) n	amed be	elow:							
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Applicant/Inv	entor.								
		the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form		5)					
SIGNATURE of Applicant or Assignee of Record									
Signature			,			Date			
Name	Shlomo	Ben-Haim				Telephone			
Title and Company									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
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